

ATLANTA POLICE DEPARTMENT
OUTSIDE TRAINING APPLICATION

* **Training Unit**
Control # _____

Social Security

#: _____

Post

Certification#: _____

Post Certification

Date: _____

Name of
Applicant

(please print
clearly)

ID/Okey# _____ Race/Sex _____ Date Hired _____ Sworn _____ Civilian _____

Rank/ _____ Unit of _____
Position _____ assignment _____

Work phone _____ Home phone _____ Cell: _____

Have you applied for this course Yes _____ No _____
before?

Name of course** _____

Sponsored by _____

Course location _____

Training facility phone # _____ Scheduled training From: _____ To: _____
dates: _____

Last work day before attending this training _____ Date you will return to work _____

(Do not leave this section blank. If there are no costs,
please indicate.)

Class or seminar cost \$ _____ Travel cost \$ _____ Lodging cost \$ _____ Meals cost \$ _____

Other expenses (List) _____

Total cost \$ _____

Describe your present job duties and the justification for attending this training (be specific). Tell how this course will benefit you in the Department and you in your assignment. (Continue on separate page if need).

List all training activities you have attended outside the Department in the last three years. (Note: If space is inadequate, attach additional pages.)

I _____ Hereby acknowledge that I am familiar with the SOP on Outside
Training

(APD. SOP.2080). If my application is approved, I understand I must comply with section 4.10 of this SOP when I return.

APPLICANT ACKNOWLEDGEMENT: I do hereby acknowledge and agree to maintain employment with the City of Atlanta for a period of not less than three (3) years following completion of any training costing in excess of \$1,000.00. If I resign, retire or involuntarily separate from the employment of the Atlanta Police Department, I must reimburse the City for the entire cost of the training if such separation occurs within one year, reimburse 50% of the cost if such separation occurs between the 1st and 2nd years, or reimburse 25% of the cost if separation occurs between the 2nd and 3rd year after course completion. I do hereby authorize the City of Atlanta to deduct from my salary, any training costs if the length of service requirement is not met.

Applicant's Signature

Date

*Application must have training section control number before processing. **Application must have course synopsis attached.

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Fill in each block. All recommendations, pro and con, must be accompanied by written justification in the "comments" section.

Immediate Supervisor	Recommended _____	Not recommended _____
Comments _____		
Signature and title _____ Date signed _____		
(Please route to the Unit Commander)		
Unit Commander	Recommended _____	Not recommended _____
Comments _____		
Signature and title _____ Date signed _____		
(Please route to the Section Commander)		
Section Commander	Recommended _____	Not recommended _____
Comments _____		
Signature and title _____ Date signed _____		
(Please route to the Academy Director)		
Academy Director	Recommended _____	Not recommended _____
Comments _____		
Signature and title _____ Date signed _____		
(Please route to the Division Commander)		
Division Commander	Funding required _____	Not Recommended _____
	Funding not required _____	Not Approved _____
Comments _____		
Signature and title _____ Date signed _____		
(If expenditures required, route to Fiscal. If not, please route to Outside Training Coordinator at the Police Academy)		
Fiscal Section	Funds Unavailable _____	Not needed _____
Comments _____		
Signature and title _____ Date signed _____		

(Please route to the Assistant Chief of Police)		
Assistant Chief of Police	Recommen ded _____	Not recommended _____
Comments _____		
Signature and title _____		Date signed _____
(Please route to the Chief of Police)		
Chief of Police	Approved _____	Disapproved _____
Comments _____		
Signature and title _____		Date signed _____
(Please route to the Outside Training Coordinator at the Police Academy)		